

Jackson Municipal Airport Authority
Maintenance Technician

DEFINITION

To perform a variety of semi-skilled and skilled work in the routine repair and maintenance of all buildings, including carpentry, plumbing, heating/air conditioning, electrical installation, repair and troubleshooting of lighting circuits, passenger boarding bridges, conveyors and other airport systems located at the Jackson Medgar Wiley Evers International Airport.

SUPERVISION RECEIVED AND EXERCISED

Receives general supervision from the Maintenance Supervisor.

Exercises no supervision.

EXAMPLES OF IMPORTANT DUTIES AND RESPONSIBILITIES --*Essential and important duties and responsibilities may include, but are not limited to, the following:*

Essential Duties and Responsibilities:

Maintain and repair airport facilities, equipment and buildings by performing a variety of skilled carpentry, electrical, welding, painting, plastering, plumbing, heating, air conditioning and mechanical maintenance and repair work.

Install, maintain, repair and perform PM inspections on heating, ventilation, and air conditioning equipment including forced air furnaces, boilers, water pumps, air conditioning units, exhaust fans, air filters, compressors, cooling towers and heat exchangers.

Repair , install and perform PM inspections on electrical systems including lighting systems and fixtures inside and outside buildings including runway and street lighting; bag belt systems, jet bridges, automatic doors, and fire alarm systems;

Participate in Locating and marking underground utilities.

Maintain preventive maintenance records and logs.

Participate in the installation and maintenance of a domestic water distribution system.

Install, maintain and repair sewer and drainage systems; repair and replace plumbing fixtures including sinks, toilets, faucets and pipes; clear obstructions from water and sewer lines.

Participate in all phases of construction and remodeling of facilities.

Perform journey level carpentry work including the construction, installation remodeling and repairing of furniture, cabinets, fences, partitions, walls, windows, doors and other carpentry work.

Essential Duties and Responsibilities (continued):

Inspect building facilities to identify building maintenance needs.

Install, maintain and repair a variety of floor coverings such as carpeting, tile, linoleum;

Operate, maintain and repair a variety of mechanical tools and equipment including trucks, fork lifts, power saws, power sanders, drills, air compressors, paint sprayers, sewer augers, and various hand tools required for carpentry, plumbing, and maintenance skills.

Read and interpret schematics, diagrams and blueprints.

Other Important Duties and Responsibilities:

May respond to after hour maintenance requests on a stand-by basis to include nights, weekends, and holidays.

Participate in the ordering of spare parts and materials as required.

Perform related duties and responsibilities as required.

QUALIFICATIONS

Knowledge of:

Methods, practices and equipment used in building maintenance services and activities including a variety of building trades work.

Methods and techniques of carpentry, plumbing, painting, mechanical and electrical work.

Use and maintenance of tools and equipment used in building maintenance, reconstruction, and repair work.

Airport policies, procedures and codes related to facility maintenance and repair.

Occupational hazards and necessary precautions applicable to building and mechanical and electrical maintenance work.

Knowledge of (continued):

Preventive maintenance requirements.

Safe work practices.

Ability to:

Perform a full range of skilled building maintenance and repair work.

Work with electrical circuits up to 13,800 volts.

Identify building maintenance needs and take corrective actions.

Work independently in the absence of supervision.

Repair and maintain a variety of tools and equipment.

Read and interpret sketches, drawings, diagrams and blueprints.

Maintain physical condition appropriate to the performance of assigned duties which may include the following:

walking, crouching, crawling, or climbing
moving tools and equipment
operating tools and equipment
lifting heavy objects.

Effectively deal with personal danger which may include exposure to high electrical voltage.

Maintain effective audio-visual discrimination and perception needed for:

operating assigned vehicles and equipment
reading and interpreting sketches, wiring schematics diagrams, and blueprints
reading and writing.

Communicate clearly and concisely, both orally and in writing.

Establish and maintain cooperative working relationships with those contacted in the course of work.

Experience and Training Guidelines

Any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Experience:

Two years experience in one or more of the building maintenance trades.

Training:

Equivalent to the completion of the twelfth grade supplemented by the completion of a formal apprenticeship program in one or more of the building trades.

License or Certificate

Possession of, or the ability to obtain, an appropriate, valid Mississippi driver's license.

When assigned to water utilities, possession of, or ability to obtain, a Class D Water license.

Jackson Municipal Airport Authority
Human Resources Department
Post Office Box 98109
Jackson, MS 39298-8109
Fax: (601) 664-3514
Email: recruiter@jmaa.com
Acceptance deadline is **March 16, 2018**
EOE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

EOE, M/F, D/V

APPLICANT DATA RECORD

All applicants are considered for the applied position without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability (if performance ability coincides with job requirements), or any other legally protected status.

Solely to help us comply with government record keeping, reporting and other legal requirements, we ask that you complete this Applicant Data Record. We appreciate your cooperation. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or your personnel file. Periodic Reports are made to the government on the following information.

YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Position Applied For:			Today's Date:		
Name (Last) (First) (MI)		Social Security Number:			
Address:			Telephone Number:		
City	State	Zip	Date of Birth		
Check One:			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Check one of the following: (Ethnic Origin)					
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Other _____			
Marital Status:			<input type="checkbox"/> Married	<input type="checkbox"/> Single	
Referral Source: <input type="checkbox"/> College/Tech School		<input type="checkbox"/> Newspaper	<input type="checkbox"/> Employment Agency		
<input type="checkbox"/> Walk-In	<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Other-Specify _____			



100 INTERNATIONAL DRIVE*SUITE 300*JACKSON, MISSISSIPPI*39208

Application For Employment

(Please Print or Type in Black Ink)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, religion, gender, national origin, age, veteran status, the presence of a non-job related physical or mental condition, handicap, or disability, or any other legally protected status. If you require accommodation or assistance in completing this application or in any stage of the employment process, please let us know.

APPLICATION FOR: **MAINTENANCE TECHNICIAN**

ADVERTISEMENT PERIOD: **03/02/2018 - 03/16/2018**

PERSONAL

NAME _____
(Last) (First) (Middle Initial)

ADDRESS _____
(Street Address) (City) (State) (Zip)

HOME PHONE NO. (____) _____ ALTERNATE PHONE NO. (____) _____

SOCIAL SECURITY # _____ EMAIL _____

DRIVER LICENSE # _____ Class _____ Expiration _____ State _____

When will you be available to begin if selected for the position? _____

Are you available to work shifts? Yes _____ No _____

Are you authorized to work in the U.S. on an unrestricted basis? Yes _____ No _____

(Proof of citizenship or immigration status will be required upon employment)

Have you ever been employed with JMAA before? Yes _____ No _____

If yes, give dates _____

Have you ever been convicted of a crime other than minor traffic violations? Yes _____ No _____

If yes, state nature of offense, when, where and disposition _____

(A conviction will not necessarily disqualify an applicant from employment)

Do you have any relatives presently employed by the Jackson Municipal Airport Authority? Yes _____ No _____

If yes, list names and relationship _____

Employment with the Jackson Municipal Airport Authority is contingent upon the ability to be granted and maintain ID/secure media badge as regulated by TSA, and a valid drivers license and motor vehicle report in compliance with JMAA's Drivers Policy. A comprehensive pre-employment background check includes an education/experience investigation, a medical physical exam, a drug/alcohol screen, a motor vehicle report and a fingerprint-based criminal history record check.

NAME: _____ SOCIAL SECURITY NO.: _____

Education & Training

	High School				College/Technical/Business				Graduate School				
School Name & Location													
Years Completed (Circle)	9	10	11	12	1	2	3	4	1	2	3	4	5
Diploma/Degree (Verification of education required) Describe Course of Study:													
Describe Specialized Training, Apprenticeships, Skills, Extra-Curricular Activities, Foreign Languages:													

Employment Experience

Start with your present or last job. If unemployed, start with your immediate past employment. Be specific and complete. Include military service assignments and volunteer activities. Any military service must be documented by providing a DD214 along with this application. Exclude organizational names that indicate race, color, religion, gender, national origin, disabilities or other protected status. Explain any gaps between employments. Failure to explain any gaps in employment will be justification for your disqualification from the selection process. Use additional sheets if necessary.

Your Job Title _____	Telephone No. (_____) _____
Company Name _____	Employed (Indicate Month, Day and Year)
Address _____ _____	From _____ To _____
Name of Supervisor _____	Annual Salary Start _____ Last _____
Describe Your Duties _____ _____ _____	Reason for Leaving _____ _____
	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, Please Explain _____
Full Time _____ Part-Time _____	

NAME: _____ SOCIAL SECURITY NO.: _____

Your Job Title _____

Telephone No. (_____) _____

Company Name _____

Employed (Indicate Month, Day and Year)

Address _____

From _____ To _____

Name of Supervisor _____

Annual Salary
Start _____ Last _____

Describe Your Duties _____

Reason for Leaving _____

May We Contact This Employer? Yes No

If No, Please Explain _____

Full Time _____

Part-Time _____

Your Job Title _____

Telephone No. (_____) _____

Company Name _____

Employed (Indicate Month, Day and Year)

Address _____

From _____ To _____

Name of Supervisor _____

Annual Salary
Start _____ Last _____

Describe Your Duties _____

Reason for Leaving _____

May We Contact This Employer? Yes No

If No, Please Explain _____

Full Time _____

Part-Time _____

Your Job Title _____

Telephone No. (_____) _____

Company Name _____	Employed (Indicate Month, Day and Year)
Address _____ _____	From _____ To _____
Name of Supervisor _____	Annual Salary Start _____ Last _____
Describe Your Duties _____ _____ _____	Reason for Leaving _____ _____
	May We Contact This Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If No, Please Explain _____
Full Time _____	Part-Time _____

Additional Skills

State any additional information you feel may be helpful to us in considering your application.

Indicate any professional licenses or certificates, license numbers, their expiration dates and issuing agency.

Professional References:

List the name, title, contact information, and relationship of at least three references who are not related to you.

Name	Title	Contact Information	Relationship

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I understand that an investigation of all statements contained in this application for employment will be conducted, to include at a minimum: personal and business references; employment history; education/technical training; and military service. If a conditional offer of employment is extended, I understand that my hiring may be contingent upon successful completion of job-related testing, a medical examination, an alcohol and drug screening, a criminal background investigation, and a motor vehicle report. I understand that for Certified Police Officer positions, a psychological examination is also required. I agree, upon request, to sign all necessary authorization and consent forms.

Signature of Applicant

Date

THIS APPLICATION FORM MUST BE COMPLETED IN FULL, SIGNED AND DATED.



Jackson Municipal Airport Authority

Human Resources Department

Post Office Box 98109

Jackson, MS 39298-8109

Fax: (601) 664-3514

Authorization to Release Employment Information

I hereby authorize the Jackson Municipal Airport Authority to obtain information pertaining to my employment, attendance, performance reports, and disciplinary records from previous or current employers. I hereby authorize release of this information. This release is executed with full knowledge and understanding that the information is for the official use of the Jackson Municipal Airport Authority only as may be necessary in arriving at an employment decision.

I hereby release you, as the custodian of such records, from any and all liability for damages of any kind because of compliance with this authorization, and request you to release the information requested.

Please print all information legibly with black ink.

Full Name

Social Security Number

Current Address

Telephone Number(s)

(Day)

(Evening)

Signature of Applicant

Date